

Family Learning Vacation

June 21-23, 2002

(Please circle one)

Adults:

last name

first name

Hearing-Deaf-Hard of Hearing

last name

first name

Hearing-Deaf-Hard of Hearing

last name

first name

Hearing-Deaf-Hard of Hearing

Children:

last name

first name

Date of birth

Hearing-Deaf-Hard of Hearing

last name

first name

Date of birth

Hearing-Deaf-Hard of Hearing

last name

first name

Date of birth

Hearing-Deaf-Hard of Hearing

last name

first name

Date of birth

Hearing-Deaf-Hard of Hearing

Address:

Street

city

zip

Phone: home ()

work ()

E-mail

School District

☐ Enclosed is our **in state** registration fee of \$25.00 (up to 6 family members)

☐ Enclosed is our **out of state** registration fee of \$80.00 (up to 6 family members)

Make checks payable to *KY State Treasurer*
(\$10.00 for each additional person)

☐ I am interested in scholarship information

☐ Our family will need the following special accommodations:

☐ Sign language interpreter (for deaf adults at presentations)

☐ Oral interpreter (for deaf adults at presentations)

☐ Additional child care worker for child w/ multiple disabilities

☐ Other:

Photo/Video Release

I give consent for pictures or videos taken during Family Learning Vacation to be used by The Kentucky Early Years (KEY) Program.

For further information contact Sue Spangenberg
800 540-3323 (v/tty)

Please return with your registration fee before Friday MAY 17, 2002
The KEY Program's FLV P.O. Box 27 Danville, KY 40423-0027859 239-7006 fax

REGISTRATION FORM 2002

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Signature

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